

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 1 of 2

Operator Project #	Postmark	Date Received	Notification #																												
I. Type of Notification (check one): <input type="checkbox"/> Original <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Canceled																															
II. Facility Description Building Name: <u>Flushing Main Street Station and 40-36 Main Street Bldg</u> Address: <u>Main Street and 41st Avenue/Intersection o Main Street and 41st Avenue</u> City: <u>Flushing</u> State: <u>NY</u> Zip Code: <u>11345</u> County: <u>Queens</u> Site Location : <u>Roof</u> Building Size (square feet): <u>20000</u> # of Floors: <u>13435/ MC0035</u> Age in Years: _____ Present Use: <u>Train Station</u> Prior Use: <u>Train Station</u>																															
III. Type of Operation (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training																															
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																															
V. Facility Information Owner Name: <u>Long Island Railroad Company (LIRR)</u> Address: <u>144-41 94th Avenue</u> City: <u>Jamaica</u> State: <u>NY</u> Zip Code: <u>11435</u> Contact: <u>William Keenan</u> Telephone: (____) _____ Fax: _____ Removal Contractor Name: <u>ATCO Contracting Group, Inc.</u> Address: <u>34-52 11th Street</u> City: <u>L.I.C.</u> State: <u>NY</u> Zip Code: <u>11106</u> Contact: <u>Elaina Viennas</u> Telephone: <u>(718) 606-1076</u> Fax: <u>(718) 606-9558</u> Other Operator (demolition/general): <u>Forte Construction Corp.</u> Address: <u>926 Lincoln Avenue, suite C</u> City: <u>Holbrook</u> State: <u>NY</u> Zip Code: <u>11741</u> Contact: <u>Atul Bhatt</u> Telephone: <u>(631) 589-8600</u> Fax: _____																															
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: <u>USEPA Procedures 600-MA-82-020 using PLM Analysis Polarize Light Microscopy.07/21/2014</u>																															
VII. Approximate Amount of Asbestos Materials: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">RACM to be Removed</th> <th colspan="2">Non-friable Asbestos Material to be Removed</th> <th colspan="2">Non-friable Asbestos Material NOT to be Removed</th> </tr> <tr> <th>Category I</th> <th>Category II</th> <th>Category I</th> <th>Category II</th> </tr> </thead> <tbody> <tr> <td>Wire Insulation</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Surface Area (square feet)</td> <td style="text-align: center;">3750</td> <td style="text-align: center;">3545</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Facility Components (cubic feet)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed		Category I	Category II	Category I	Category II	Wire Insulation						Surface Area (square feet)	3750	3545				Facility Components (cubic feet)					
	RACM to be Removed	Non-friable Asbestos Material to be Removed				Non-friable Asbestos Material NOT to be Removed																									
		Category I	Category II	Category I	Category II																										
Wire Insulation																															
Surface Area (square feet)	3750	3545																													
Facility Components (cubic feet)																															
VIII. Scheduled Dates Demolition or Renovation: Start: _____ Complete: _____																															
IX. Dates for Asbestos Removal (MM/DD/YY) Start: <u>07/25/16</u> Complete: <u>07/11/17</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Days of the Week:</td> <td>Monday</td> <td>Tuesday</td> <td>Wednesday</td> <td>Thursday</td> <td>Friday</td> <td>Saturday</td> <td>Sunday</td> </tr> <tr> <td>Hours of Operation:</td> <td>7:00 a.m.- 5:00 p.m.</td> <td>7:00 a.m.- 5:00 p.m.</td> <td>7:00 a.m.- 5:00 p.m.</td> <td>7:00 a.m.- 5:00 p.m.</td> <td>7:00 a.m.- 5:00 p.m.</td> <td></td> <td></td> </tr> </table>				Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Hours of Operation:	7:00 a.m.- 5:00 p.m.	7:00 a.m.- 5:00 p.m.	7:00 a.m.- 5:00 p.m.	7:00 a.m.- 5:00 p.m.	7:00 a.m.- 5:00 p.m.														
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday																								
Hours of Operation:	7:00 a.m.- 5:00 p.m.	7:00 a.m.- 5:00 p.m.	7:00 a.m.- 5:00 p.m.	7:00 a.m.- 5:00 p.m.	7:00 a.m.- 5:00 p.m.																										

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

NYSDOL ICR56-11.6, Waste and Worker Decon, Mechanical Tools Equipped with HEPA Vacuums

XII. Waste Transporter #1

Name: ATC

Address: 2 Moriches Middle Island Road

City: Shirley

State: NY

Zip Code: 11967

Contact: Mr. Kenny Smith

Telephone: (631) 924-5050

Waste Transporter #2

Name: ATCO Contracting Group, Inc.

Address: 34-52 11th Street

City: L.I.C.

State: NY

Zip Code: 11106

Contact: Peter Viennas

Telephone: (718) 606-1076

XIII. Waste Disposal

Name: Minerva Enterprises

Address: 9000 Minerva Rd.

City: Waynesburg

State: OH

Zip Code: 44688

Contact:

Telephone: (330) 866-3435

XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice.

2. Name of Authority Issuing Order:

Title:

3. Authority of Order (Citation of Code):

4. Date of Order (MM/DD/YY):

Date Ordered to Begin

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)

1. Date and Hour of the Emergency:

2. Description of the Sudden, Unexpected Event:

3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.

ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled, will be wet with amended water and cleaned up with HEPA vacs, to be put in 6mil poly bags.

XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.



Signature of Owner/Operator

10/07/16

Date

Elaina Viennas/President

Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.



Signature of Owner/Operator

10/07/16

Date

Elaina Viennas/President

Type or Print Name and Title